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REPORT OF A COMMITTEE ON AN ARTICLE PURPORTING TO BE JALAP, NOW IN THE MARKET.

Read at the Pharmaceutical Meeting, Philadelphia, January 2, 1843.

THE Committee entrusted by the College of Pharmacy with the duty of investigating the properties of a certain article of false jalap recently brought into the New York market, hereby submit the following report as the result of their examination.

One of the members of your committee, during a visit to New York city, procured a pound of this fictitious article, selected in a manner to present a fair sample of its general character, which, upon examination, was found to be made up of the following pieces:

1st. A large, spindle-shaped, dried root, or rather tuber, flattened on one side, about six inches long and three wide, weighing six ounces.

2d. The larger half of a similar tuber, transversely cut, forming a segment four inches in its largest diameter, weighing three and a half ounces.

3d and 4th. Two entire tubers, similar in size, ovate, one of them kidney form, and pointed, weighing together about five ounces.

A further description of this article is comprised under the following general features.

It is light in weight compared with jalap; externally very rugose, not minutely so, like the jalap, but coarsely furrowed; it is of a light brown color, with dark shades of black occupying the cavities, through which are interspersed minute shining black specks. Its fracture is rough and uneven, and its interior surface presents a uniform, grayish-white, ligneous appearance, and somewhat loose texture, marked by ash-colored, concentric circles, composed of a harder and more compact substance, indicating resin. One of the smaller tubers wanting this distinguishing character appears purely farinaceous. The taste and smell of these different tubers are feeble, sweetish, peculiar, and closely associated, though very distinct from jalap.

The largest root divided transversely with a saw, exhibits vertical cavities, proceeding from incisions made through the whole length of the exterior surface to facilitate drying. In No. 2, the incisions are perceptible, but it has no holes like the other. Although a slight disparity exists in the internal appearance of these several tubers, yet their identity, in point of taste and smell, conclusively proves them to be of a common origin. The powder is grayish white, and does not excite coughing or sneezing during pulverization.

This *drug* was represented to your committee as coming from Mexico. A considerable quantity of it is to be found in the house of a drug broker in New York, who offers it for sale as *overgrown jalap root*, at a price little inferior to that which the genuine commands.

Your committee are at a loss to determine from what plant it derives its source, as it bears no very close resemblance to the various adulterations to which jalap, as found in commerce, is known to be subject. It bears no analogy with the different specimens contained in the cabinets of our professors of *materia medica*. Diligent inquiry among our druggists (to whom it appeared novel) led to no more satisfactory acquaintance with it, from which no doubt is left upon the minds of your committee that the present is its first introduction into an American market.

It is evidently the produce of a *convolvulus*, but of what particular species it is difficult to say. It does not respond to the description of the dried root of the *C. panduratus*, nor any of the known falsifications furnished by this genus. The same observation applies to two varieties of adulterations mentioned by Guibourt in his *Histoire des Drogues*.

It differs from the Mechoacan (*Jetichucu*—*Batata da Purga*) in odor, taste, and not being sliced and deprived of its exterior bark. It agrees with it, however, in its internal white and starchy appearance, but wants the marks of the several radical fibres upon the superior extremity of the root, which in the Mechoacan are very numerous.

It differs from the fusiform or male jalap (*Convolvulus orizabensis*) in not being cylindrical, uniformly fusiform, lengthy and branched at its inferior extremity, and wanting the external yellow color and interior lactescence of that species.

Contrasted with the well-known characters of officinal jalap (*Ipomæa jalapa*), it presents the following discrepancies.

It is larger, lighter in comparison, wants brittleness, shining fracture and compactness, acidity of taste, odor and color. It is also deficient in resin, and wants the striated and reticulated appearance of exterior which the other possesses.

In order to ascertain how its chemical relations would comport with jalap, a number of experiments were conducted by the chairman of your committee, the result of which enables them to furnish an approximate analysis of its composition as follows. In juxtaposition are placed the analyses of officinal and male jalaps.

False Jalap.

Resin, consisting of 15 soft and 20 of dry brittle resin,	35.
Guminous Extract, - - - - -	85.
Starch mixed with Inulin, - - - - -	140.
Lignin, - - - - -	116.
Albumen and Gum, - - - - -	50.
Saccharine Matter, Salts of Lime, and loss, - - -	74.

Analyses from 500 Parts.

Of Jalap, by Cadet.

Resin,	- - - -	50
Gummy Extract,	- - - -	220
Fecula,	- - - -	12
Lignin,	- - - -	145
Albumen,	- - - -	12

Of Male Jalap, by Ledonois.

Resin,	- - - -	40
Gummy Extract,	- - - -	128
Fecula,	- - - -	16
Lignin,	- - - -	290
Albumen,	- - - -	12

Your committee offer a brief summary of the operations made during this chemical investigation. These consisted in selecting a portion of a tuber apparently richest in resin, which was carefully powdered and afterwards treated with ether by lixiviation; then by alcohol, as in the process for obtaining resin of jalap; then with water, in the same manner, to obtain the extractive gum; elutriation, to separate the albuminous matter and fecula; and finally, isolation of the lignin, by alternate action of diluted acids and alkali. The resin has a reddish brown color, and a sweetish, somewhat nauseous taste; is partially soluble in ether, soluble in alcohol, and insoluble in water, by which it is thrown down from its alcoholic solution. The dried extractive is sweetish, and in flavor approaches nearest to that of roasted potatoes. The mixture of starch and inulin is colored blue by iodine, but is not rendered gelatinous by boiling. The aqueous infusion of this root is of a straw-yellow color, turbid, and slightly nauseous. Sub. acet. plumbi produces a flocculent permanent white precipitate. The soluble parts of the incinerated product gave a feeble acid reaction with litmus, and evinced traces of lime.

Having proceeded thus far, it remained for your committee to ascertain its medicinal properties, if, after what is here related, it could be supposed to possess any. This they were enabled to do through the courteous offer of Prof. Dunglison. A trial of its virtues was made at the Blockley Hospital, under the inspection of some of the resident faculty, upon six different individuals, in doses of fifteen to twenty grains, without obtaining any effect whatever.

Proving thus destitute of purgative qualities, your committee pronounce it a worthless article, to be guarded against; and impressed with the advantages of making publicly known all falsifications and impure remedies, they entertain the hope that this exposition will be extended sufficiently wide to preclude the possibility of deception being practised upon members of our profession.

AUGUSTINE DUHAMEL,
CHARLES ELLIS,
JOHN H. ECKY.

Amer. Jour. of Pharmacy.

EXPERIMENTS IN NEUROLOGY.

[We yield to the request of the physicians of Albany, whose letter was inserted in last week's Journal, so far as to publish a portion of the ex-

periments of Dr. Buchanan, a report of which they sent us. We have not space, indeed, to insert them all, even if we thought a majority of our readers felt sufficient interest in the subject to desire to read them.]

A gentleman of the medical profession who was present by invitation, and whose scientific attainments are well known to the public, was invited to undergo the experiments by which the proposition was to be illustrated, that *neuraura*, or the influence of the human nervous system, could be transmitted from one individual to another through suitable conducting media. This, after displaying some reluctance, he consented to do, remarking that he did not wish to become the subject of public remark, by having his name brought before the world in connection with these experiments. This gentleman (whom we shall designate in this description as Mr. A.) having taken his seat in the midst of the committee, an iron rod about 1-7 of an inch in diameter, was handed to Dr. B., and held at the same moment by himself and Mr. A., so as to leave the space of about six inches between their hands. Mr. A. was requested to let his arm rest in a relaxed condition in his lap, while the rod was grasped firmly by Dr. B. In this condition, according to the principles of Dr. B., the nervous fluid of his arm was supposed to flow into that of Mr. A., which in its relaxed condition could not resist the influx.

At the expiration of forty-five seconds Mr. A. felt a slight and peculiar sensation in his hand and arm as far as half way to the elbow, which he described as producing a diminution of the sensibility. This influence, which gradually increased in extent and intensity, was, at the expiration of five minutes, felt from the elbow down, as a very definite and distinct sensation, which progressed as follows: Six minutes. The effect is felt above the elbow. Eight minutes. The sensation is felt as high as the shoulders, but much more strongly below the elbow than above it. The sensation is not, decidedly, either pleasant or unpleasant. Twelve minutes. The sensation is now felt distinctly in the shoulder, and gradually becomes diffused in the body. Sixteen minutes. An unpleasant sensation is felt in or near the stomach. Eighteen minutes. The sensation is now more diffused, and is compared by Mr. A. to that of being charged with electricity, while seated on an insulated stool. The influence which is most distinctly felt is in the thorax, affects the whole system, being perceptible in the lower as well as the upper extremities, and is felt upon the right side of the body, and in the right arm as well as in the left.

It should be remarked that the rod was held by Mr. A. in the left hand, and that after the nervous influence had been recognized by him in the various parts of the left arm, successively to the shoulder, and then in the body, it began to be felt in the right arm, though much less distinctly than in the left, through which the influence had been transmitted. The head appeared also to be affected at about the same time as the right arm, so as to produce a slight degree of drowsiness. The general tendency of the influence, however, was more debilitating than soothing. Twenty-five minutes. The sensation already mentioned continues—the drowsiness becoming more apparent. In reply to a question by Dr. B., he states that the muscular vigor seems more affected than the action of

the viscera. Twenty-nine minutes. A metallic taste was now recognized in the mouth, which soon became perfectly distinct. Thirty-four minutes. The effects still continue, and the drowsiness is slightly increasing. The experiment being discontinued, Mr. A. rose to his feet, and observed in reply to the questions addressed to him, that his left arm, through which the influence had been transmitted, was weaker than the other, and that his feelings upon the whole were about such as he usually feels when first aroused from sleep in the morning before the system has recovered its usual vigor.

The transmission of an influence in this manner, Dr. B. remarked, is usually debilitating, but much more so when any one individual is thus subjected to the influence of different constitutions.

One of the incidents above mentioned (the metallic taste) was considered by Dr. B. as an illustration of the principle which he teaches, that the peculiar medicinal influence of any substance through which the *neuraura* passes, is transmitted with that aura, into the system of that person operated upon in the manner above described. The second experiment was designed to give a more distinct illustration of this fact by using another metal.

A brass key was taken by Dr. B., and placed in the hands of Mr. A. in the same manner as was previously done with the iron rod, except that in this case their hands were not more than an inch apart. In the former instance, the rod being small and the hands separated as much as six inches, Dr. B. had remarked that the effects would not be produced so promptly as if a larger bar were used. But as none were conveniently within reach, the experiment proceeded as above described, with the rod. In fifty seconds from the moment when the key was grasped by Mr. A. and Dr. B., a distinct metallic taste was perceived by the former, which becoming gradually more marked, was recognized at the end of two minutes as the taste of brass. This taste was unpleasant and sickening to the stomach, being materially different from that produced by the iron rod. At the end of five minutes the effects were more intense, and the key was removed from his hand. He tasted it by applying his tongue, and remarked that the taste obtained in that manner was not any more distinct than what he had previously perceived.

To remove the unpleasant effects in Mr. A., Dr. B. made light and rapid friction down the arm with which he had received the influence of the brass key, remarking that whether the *neuraura* was or was not a material fluid, it could be treated as if it was, and all the phenomena accorded with that theory.

Mr. A. received a complete and prompt relief from the operation, and then an experiment was attempted, to illustrate the same principle in a different manner.

The same key was enclosed in a silk handkerchief for insulation, and its two ends left exposed. One of these ends was applied to the tongue of Mr. A., who perceived the taste. Dr. B. then touched the other end of the key, while one extremity was in contact with the tongue of Mr. A.,

and the latter remarked that whenever the extremity was touched by Dr. B., the taste became much more distinct.

The same experiment was tried with several other gentlemen, some of whom were incapable of perceiving any taste—but one of them, who could hardly recognize a taste, perceived it distinctly when the other extremity of the key was touched.

The effect produced in the case of Mr. A., struck the committee as so remarkable, that one of them repeated the experiment, substituting, without the knowledge of Mr. A., an iron key in place of the brass one. The metallic taste was again perceived, but recognized as different, and not so unpleasant as when the brass was used.

These experiments having illustrated the transmission of the nervous fluid from the operator to the subject, Dr. B. proposed to show next that particular effects would result from applying the nervous fluid to the different parts of the brain, and that the various cerebral organs could thereby be excited. Whether it is possible or not in peculiar constitutions to excite any portion of the brain by transmitting the nervous influence or fluid directly to the spot, is one of the most important questions which has ever been the subject of scientific discussion. If it can be shown beyond a doubt that such an excitement may be produced, and that the faculties of the different parts of the brain may thus be demonstrated, then the result of such experiments must constitute a new and profound science; but if the organs or convolutions of the brain cannot be excited at all, so as to produce changes in the condition of the mind or body, then no such science exists, and the pretensions of neurology are groundless.

Dr. Buchanan, to whom we are indebted for the discovery of the excitability of the human brain, claims to have applied his discovery in such a manner as to have ascertained the functions of the different organs which were before unknown, and thus to have formed a systematic science.

To investigate or witness all the facts of such a science is utterly out of our power. We have attempted merely to obtain such experiments from Dr. B. as might prove his fundamental position, that the brain can be excited. The science is based upon this position, and must stand or fall by the decision upon the existence or non-existence of this fact.

The most characteristic peculiarity of Dr. Buchanan's system of neurology by which it is distinguished from the phrenological and physiological systems which have heretofore been presented to the world, consists in this, that he considers the brain an organ of physiological as well as of mental functions, and demonstrates experimentally the controlling influence which its different portions exercise over the health and physiological action of the system.

This class of experiments was regarded as the most important and the most satisfactory. Physiological symptoms are freer from the influence of the imagination or the wishes of the subject, and therefore less liable to confusion or mistake. For such experiments the case of Mr.

A. offered peculiar advantages which are seldom to be found combined in one individual. His impressibility was sufficient for experimental purposes without presenting anything startling or peculiarly wonderful. His moral character and veracity are above reproach or suspicion, and his professional knowledge qualified him to appreciate justly his own sensations.

The first experiment made by Dr. B. in the way of exciting particular organs, was to place the fingers upon that part of the head of Mr. A. which he considers the seat of the organ productive of animal sleep—an organ which arrests consciousness and thought so as to produce a species of stupor or repose. This was commenced at twenty-four minutes past 5 o'clock. For the first two minutes the effect was described by Mr. A. as quite agreeable. In the third minute the drowsiness became quite obvious to himself, as well as to the spectators. His perceptions, he remarked, seemed to become more vague. His eyelids hung as if he was falling asleep, which was indeed the expression of his whole countenance. The operation was continued for about twenty minutes with the same drowsy effect, but without producing a profound or decided sleep. It may be remarked, however, that no arrangements were made to favor sleep, but that a lively conversation was kept up around him during the experiment, which seemed not to attract his notice or disturb his repose. Another fact worthy of notice is, that when Dr. B. found the effect less decided than he wished, he applied a light rapid friction upon the forehead to remove the excitement from the organ of "consciousness," which he considers the antagonist of "animal sleep." These movements, which shook the head, would be supposed to have a rousing, wakeful effect, by their mechanical influence, but it was observed that the eyes of Mr. A., instead of opening when this was done, appeared to be more nearly closed.

When the hands were removed from the back of the head, a slight change took place in his countenance, and when Dr. B. applied his fingers quietly upon the organ of consciousness to excite it, the eyes opened, and all the drowsy symptoms disappeared in about one minute. Mr. A. stated that he had felt extremely stupid during the experiments, but that he did not think he had entirely lost his consciousness, although he had been very near it.

Dr. B. now placed his fingers upon the region of mirthfulness, an organ which he locates according to the results of his experiments, and differently from preceding phrenologists. This produced an effect which Mr. A. described as pleasing, but rather serious than otherwise. Moving his fingers slightly from the first position, Dr. B. then held them upon the exact spot at which he locates mirthfulness, and kept them there until the countenance of Mr. A. showed a very pleasing expression. Then naming over a number of faculties in succession, he asked Mr. A. which of them he felt at that time the most distinctly. The reply was, that he felt more of the influence of mirthfulness than any other.

Although the organ was not very highly excited, we think the fact has some value, as Mr. A., who was unacquainted with the locality of the or-

gan, is unusually grave, and must have experienced a definite influence to make him decide upon the character of his feelings so readily. The coincidence between the design of the experiments and the effects that he felt may *possibly* have been a mere coincidence. But the coincidence was as exact in each case between the attempt of Dr. B. and the effect that was felt by Mr. A. As the facts themselves are beyond doubt or question, the inquiring mind can scarcely avoid drawing some inference from these experiments, as indicating something more than accidental coincidence.

A CONCISE VIEW OF THE BENEFITS OF ANATOMY.

[Communicated for the *Boston Medical and Surgical Journal*.—Continued from page 75.]

WE now state, as has been previously and similarly remarked, that knowledge of structure is necessary to the knowledge of function; knowledge of natural function is necessary to the knowledge of diseased function; knowledge of the true character and nature of disease is necessary to the cure of morbid action. The natural situation and relation of organs, the healthy structure of organs, the sound action of organs, must therefore form the subject of the daily study of the physician and surgeon, since this knowledge is the basis of the science of the one and the art of the other. Now, among the means of acquiring this knowledge, one of the most direct and certain is the examination of the external parts of the body. There are organs, indeed, placed beyond the reach of any external examination. The diseases of such organs do not alter the external appearance of the body; they afford no outward sign by which the inward state can be distinguished. But whenever the situation of organs is such as to place them within the reach of external examination, this mode of investigating their diseased affections is the simplest, the readiest, and the surest; and there is no part of the human body so well adapted for this kind of examination as the abdomen. Its walls are soft and yielding; some of its most important organs lie immediately beneath the surface; though they cannot be seen, they can be felt; and several of their morbid conditions can therefore be ascertained with clearness and certainty.

Not only are some of the diseases of the abdominal viscera visible to the naked eye, but they are strikingly expressed; for they either cause a permanent change in the configuration of the abdomen, or they produce a temporary alteration of its natural movements, or they occasion both effects. As the abdomen affords the greatest facility for the external examination of its contents, so the varied and extended functions performed by its organs render this examination of paramount importance. There is no other part of the body in which so many different organs are crowded together; in which they lie so close to one another; in which they are so intermixed; in which they are so liable, by the operation of internal causes, to be removed from their natural situation; in which the diseases of one influence, by sympathy, to so great an extent the state of others;

in which the symptoms or signs of disease are so numerous, so complex, so deceptive; in which disease is so apt to extinguish or embitter life, and the oversight or the misconception of which proves so certainly injurious and so often fatal.

Both in the male and in the female it often happens that diseases ~~not~~ to be ascertained, or at any rate exceedingly apt to be overlooked, or mistaken, if the region of the part affected be covered with its ordinary clothing, become manifest the moment the part in question is uncovered; or if not, are rendered obvious by other modes of inspection to which the removal of clothing is indispensable. As an example of this, it may be worth while to give some illustration of the extent and value of the information to be derived from an external examination of the abdomen, when carefully and accurately performed, were it only to remove the obstacles sometimes opposed to this examination on the part of the patient from improper delicacy, and to exhibit the mischiefs that may result from the neglect of it, on the part of the practitioner, whether from ignorance or from indolence. The external examination of the abdomen, or the *exploration* of it, as it is technically termed, is comprised in simple inspection, manual examination, and percussion.

1. The simple inspection of the abdomen often affords valuable information. The mere alteration of its form is sometimes of itself sufficient to determine the seat and the nature of the disease. In each case of diseased organs the change is different; in each it is peculiar, and even characteristic. The abdomen may be affected with *spasm*, as in the disease called *colic*; or with *inflammation*, as in the disease called *enteritis*. Life may depend on the promptitude with which the true nature of the affection is detected. One set of remedies is required for one of these diseases, and a totally different set for the other. Remedies essential to the preservation of life if the disease be *inflammation*, may be destructive of life if the disease be merely *spasm*; and if, under the notion that the disease is *spasm*, the remedies proper for inflammation be not employed, death may be the consequence in less than twenty-four hours, or even in twelve hours. In both affections the pain may be the same; and several other symptoms may be similar, but the form of the abdomen may be alone sufficient to determine the true nature of the malady; for, if it be *inflammation*, the abdomen will be rounded, enlarged and distended; while, if it be *spasm*, it will be drawn in and contracted. There are affections which place life in the most imminent danger, especially in children, in which it is difficult if not impossible to determine, from the symptoms alone, whether the seat of the disease be in the brain, or in the inner coat of the intestines. Suppose it be in the brain; one set of remedies are required, which must be applied to the head. Suppose it be in the intestines; a different sort of remedies is required, which must be applied to the abdomen. An index is sometimes afforded to the real seat of the disease, by the mere form of the abdomen; while its size, combined with its form, oftener affords a still more certain guide; and so does any deviation from its natural movements.

2. Manual examination affords still more correct and complete infor-

mation relative to the condition of the abdominal organs. The size, the tension, the temperature, the sensibility of the abdomen, the presence or absence of unnatural tumors or morbid growths within its cavity, the presence or absence of fluids, the nature and extent of the contents of the intestinal canal, may be ascertained with considerable precision by touch combined with pressure. Increase of temperature on the surface of the body is a most important sign of internal disease. Increase of temperature arises from a preternatural increase in the action of the arteries, and denotes inflammation of the part affected. All acutely inflamed organs are hotter than in their natural state, and if the inflammation be intense, the neighborhood of the inflamed part gives to the hand of the examiner the sensation of pungent heat, which is always a sign not only of disease, but of exceedingly severe disease.

Diminished temperature, which arises from diminished action in the arteries, and an overloaded state of the veins, is no less important as a sign of disease. It always denotes a most dangerous condition of the system, the danger being in proportion to the coldness. It is the concomitant of the worst forms of fever which are ever witnessed in this country; fever with a cold skin being incomparably more alarming than fever with even a pungently-hot skin. In that pernicious disease, the Asiatic cholera, the first, the most sure, and the most unfavorable sign of the invasion of the malady, *was coldness of the system*, and especially of the abdomen, the main seat of the malady; and it was uniformly found that there was no one sign which afforded a better criterion of the extent of the danger, in any case, than the degree of coldness of the system in general, and of the abdomen in particular.

The physician may often form a judgment as to the seat, the nature, and the extent of abdominal disease, from the degree of sensibility of the abdomen to pressure with the hand; and by practice, he may acquire such delicacy of touch as to be able to detect, by its means alone, morbid changes, even in deep-seated organs, to an extent, and with a degree of precision and certainty, far beyond what is commonly believed by practitioners.

3. That mode of external examination of the body termed *percussion*, viz., the mode of eliciting sounds from the surface, the nature of the sound produced affording a knowledge of the condition of the parts beneath, has opened to the modern practitioner a new source of information, the careful and skilful employment of which has afforded practical results of far greater precision and importance than could possibly have been anticipated. This mode of examination has been applied principally, and with the most valuable results, to the detection of the diseases of the chest; but the application of it has recently been made, and not without very considerable advantage, to the detection of abdominal disease.

Our limits will not permit us to pursue this subject further. Our object has been rather to *awaken* than to *satisfy* curiosity; rather to indicate the nature and extent of the information to be acquired, than to supply it. Enough has been said to show that there is reason to congratulate both the medical profession and the public on the increased attention

which is now paid to the external or the physical signs of internal disease. The external examination of the body can never supersede other modes of investigation ; but it may often afford essential aid to whatever other mode is adopted ; and sometimes it is absolutely indispensable to the success of any other. With all the aids that can be applied to the task, the detection of internal disease is often difficult, and very often uncertain, and the enlightened practitioner will gladly avail himself of every resource which is open to him, and will endeavor to derive from each the utmost information it can be made to afford.

Hippocrates, the father of physic, long ago said—"Certain it is that he who examines the abdomen, as well as the pulse, is much less likely to be deceived than he who does not." And a distinguished modern, Baglivi, has confirmed this observation in the following words—"If physicians were always to examine the abdomen, upon first visiting the patient, more particularly in acute diseases, they would assuredly commit much fewer mistakes than they do at present, in neglecting this method of exploration. The knowledge of the condition of the upper parts of the abdomen improves vastly both our treatment and our prognosis."

[To be continued.]

Boston, Feb. 27, 1843.

R. C****.

BRASS RATCHETS AND CORSLETS.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING witnessed the alarming effects of the use of these instruments on the health of many females who have worn them for the purpose of correcting curvatures of the spine, I am induced to make some observations respecting their use, as a remedy in this complaint ; believing, as I do, that many individuals resort to them, wholly unconscious of their injurious effects, and from the hope that by submitting to the pain and inconvenience of wearing them, the deformity under which they labor will eventually be remedied. This hope very generally proves fallacious, and not unfrequently the unfortunate sufferer discovers the fallacy when it is too late to remedy the evils which have been created.

I will endeavor to describe these instruments with as much accuracy as possible, and will begin with the brass corslets, although they are No. 2 in the order in which they are used—ratchets being applied first. Both of these instruments are before me, having taken something like a hand-barrow full from off the galled sides and sphacelated lips of those who unfortunately had been subjected to their use.

These corslets are made of thick sheets of brass, modelled into the shape of something that resembles the waist of a lady's dress, and extending from the axilla to the hips, with folding doors in front ; so that, after the body is crowded in, the doors may be closed and secured by strong lacings, which may be drawn tighter and tighter every day ; thus compressing the chest, the heart and lungs, and all the abdominal viscera, including the uterus. Hence follows the suppression of the menses, which

is so universally complained of by females who wear these instruments. A distinguished physician, Dr. John Green, of Worcester, told me that he had been called to four females, in one house, who wore brass corslets, and who were suffering under obstructed menstruation; and that he had been called to so many others, similarly situated, that he believed the complaint was universal among those females who wore these instruments. I do not think the complaint universal, for I have seen two instances where this was not the case, but I have seen many more where it *was*. It is natural to suppose that an artificial brass waist, placed round a human female waist, laced as tight as possible, and extending from the axilla to the hips, must not only impede the functions of all the thoracic and abdominal organs, but also prevent all action in the muscles of the back, and very much limit the action of the respiratory muscles. Muscles deprived of action a certain length of time, as is well known, lose their power of action, and become paralyzed. Hence the reason why those who have worn these instruments, for a length of time, cannot sustain themselves in an erect position without them—in some instances not long enough to change their linen. This has to be done in bed; and one lady told me that she fainted when she took them off. The longer they are worn, the less ability have the muscles to sustain the spine, and the less able is the unfortunate wearer to do without them. If these are facts, and I think it must be obvious to common sense that they are so, how are these instruments ever to effect a cure?

But to proceed with the description. To the backs of these corslets an iron rod is attached, which runs up about fifteen inches above the head, then turns at a right angle, so as to extend over the centre of the head. To this is attached a ratchet, cord and head iron, with straps to go under the chin and round the back of the head. The ratchet is turned by a crank—the head is pulled up, the neck is stretched, and the body drawn up; the iron rod being fixed to the back of the corslets and the corslets being firmly fixed on the pelvis. As there is no elasticity in the iron rod, and no provision for its being elevated or depressed, in correspondence with the motions of the body, the head must be invariably kept at the same distance from the pelvis, and a great part of the body must be hung as an appendage to it. To say nothing of the pain and suffering which this constant pressure on the hips must produce, and the consequent excoriations and sloughings of the integuments, it must be obvious that *this* of itself is sufficient to prevent any exercise of those muscles, by the action of which the spine is supported in a state of health, and consequently they become gradually weaker, and every day less able to support the spine in an erect position.

Another method of suspending the head and shoulders, and a great part of the body, upon the corslets, and consequently upon the hips, is by attaching an iron rod, as before, to the back of the corslets, which extends no higher up than the neck. To the top of this, is attached an iron hoop, which goes round the chin and back of the head, and on this the head rests. The head is elevated by an extending screw, attached to the upright iron rod. The operation of this, in principle, is the same as the other, and

with the exception that it gives a little more motion to the head, it is equally objectionable. In both, the whole weight of the superincumbent body is thrown upon the hips, to which is superadded the extending power made use of to stretch the spine. The whole weight of the head and shoulders, and a great part of the body, to which is added the power made use of to stretch the spine, rests immediately on the chin and back of the head, and ultimately on the hips through the intervention of the iron rod fixed in the back of the corslets. How much less power would be required to extend the spine, in a recumbent position, where the weight of the body, head and shoulders are supported on a couch? Certainly by as much less, as the weight of the body, head and shoulders require for their suspension; to say nothing of the pain and suffering produced by the former, which is not attendant on the latter mode of extension. In an erect position, the body, head and shoulders must be suspended before the power which stretches the spine can take effect. The weight of these *alone*, suspended immediately by the chin and back of the head, and ultimately on the hips, would produce much pain and inconvenience; but when the additional force that is required to stretch the spine is superadded, the suffering is necessarily great. The features, in many instances, are distorted, the under jaw thrown back, so that the upper jaw projects over it; and the whole *facial angle* is entirely changed.

All these effects of this mode of extension, in an erect position, I have myself witnessed; and I regret to add, that I have also witnessed the following appalling effects of compressing the internal organs by tight lacing and the use of brass ratchets and corslets, viz., swelled limbs, emaciated bodies, hectic countenances, obstructed menstruation, mental derangement, paralysis of the muscles of the back and limbs, and an inability to walk or stand, or to sustain the body even in sitting up, without the support of the very instruments which had produced this inability.

Brass Ratchets.—I will now attempt to describe this instrument; but although I have it before me, I fear I shall find it difficult. To make a set of these instruments, take a thick sheet of brass, cut out something like the two fronts of a gentleman's vest pattern, without back or collars—turn the right front wrong side out, and then rivet on to each, a little above the hips, a bar of iron, about half an inch square, and extending beyond the brass patterns about three inches fore and aft. The right half of the pattern (the one which is turned wrong side out) is to be applied on the right side of the back, running somewhat under the right arm and extending from the right sacrum and ilium upon and above the right scapula. The other half of the pattern is to be applied on the left front of the body, extending from the left ilium over the left breast upon the neck. To these are riveted two other iron bars, of the same size as the first. The one which is riveted on to the right pattern goes up over the right scapula, obliquely, looking over the left shoulder for its fellow, which is coming up over the left breast, and which is riveted on to the left half of the pattern, the one that is to be applied on the left front of the body. All the ends of these bars have eyelet holes, through which cords are run and attached to three ratchets, which are turned by a crank. The

body then being placed in between these two brass plates, made more strong by four iron bars riveted to them, the one plate on the front of the left half of the body, and the other plate on the back of the right half of the body; the cranks are turned, the ratchets are put in motion, and the plates are forced as near together as the intervening substance (the human body) will permit.

Medical men have always been fully sensible of the injurious effects of tight lacing, and have used their utmost influence to do away the use of corsets; but what are common corsets, made of cloth and strips of whalebone, compared to the above-described instruments? The former, as instruments of destruction, are to the latter but as squibs compared to thirty-two pounders. The inventor of this machine, whoever he may be, if he had lived in the time of the inquisition, would certainly have obtained the premium, had one been offered, for the best constructed instrument to produce slow, but *certain* death.

J. B. BROWN.

Boston, March, 1843.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

MARCH 15, 1843.

Pennsylvania Hospital for the Insane.—A beautiful plate, representing an extensive front view of a chain of edifices, the architectural proportions of which are delightful to the eye, would redeem a pretty poor report, if such had ever emanated from a charitable institution in Pennsylvania. No embellishments were necessary, however, in this instance, to conceal professional deformities. Dr. Thomas S. Kirkbride, the physician of the hospital above-named, appears to be exactly fitted to the meridian in which he has been placed. The hospital, a grand establishment, is located two miles west of the city of Philadelphia, on a fine farm, containing 111 acres of fertile, undulating land, says the report, upon which are several groves of fine forest trees, and streams of running water. This alone is calculated to prepossess one in favor of the institution, aside from all other considerations. It evinces good taste on the part of the founders, and presupposes a knowledge of the fact, that air was made for breathing, and that beauty of scenery is not unworthy of consideration in an asylum for the insane.

Instead of presenting the sombre appearance of a prison, the whole hospital partakes of the appearance of a nobleman's residence. The buildings, including the pleasure-grounds, garden, and deer-park, comprising 41 acres, are wholly surrounded by a stone wall, ten feet high, and more than a mile long. The hospital, truly imposing in appearance, is fire proof, and contains 204 chambers for patients and their attendants.

The highest number of patients at one time, was in December, 1842, when there were 127. The total number in the whole of last year, was 238. Of 120 discharged, 60 were cured, 11 much improved, 19 improved, 18 remained stationary, and 12 died. Of those who were cured, 37 were residents of the hospital not exceeding three months.

Dr. Kirkbride's third table shows the occupation of 171 male patients. Twenty-two of them were farmers, 13 merchants, 17 clerks, 11 physicians. The next group of magnitude, being 15 in number, had no occupation, which shows that idleness is as unfavorable to cerebral harmony, as an over-working of the brain. In the catalogue of single females who were insane, out of 128, 14 were merchants, showing that trade is more distracting to them than to males.

After completing the statistics of the institution, which do not occupy so much room as to become absolutely tedious to the reader, Dr. Kirkbride dwells with becoming energy on the importance of *early treatment*; the *economy of treatment in the first stages of insanity*; *visits of friends and others*; *avoidance of deception in treating the insane*; together with an *outline of treatment pursued by him*. This is a document that may be referred to with pleasure and profit, and the managers, no doubt, long before this, have manifested their confidence in the gentleman who both manages and writes so well.

With the multiplication of these habitations for lunatics, it becomes more and more difficult to present novelties in the annual reports. They are not to be sought for if their production is through toil and uncalculated labor; nor are theories of any lasting value. Improvements, however, in the mode of treating the insane; discoveries in regard to the construction of apartments; the influence of regular employment, religious instruction and observances, with the progress of science in the philosophy of mind, are the themes on which medical superintendents of lunatic institutions will ultimately be compelled annually to exercise their pens.

Cost of the Massachusetts General Hospital.—From the late report of the trustees, we learn that the whole cost of the land and buildings of the hospital in Allen Street, as taken from the books, was, \$145,069 44. The Asylum for the Insane at Somerville, formerly a part of Charlestown, known as the McLean Asylum, cost \$245,845 98; making a total fixed capital of \$390,915 42, in the two departments of the institution. Of this amount, the sum of \$89,291 37 was especially given to the asylum; \$73,809 29 to the hospital. The outlay in the land and buildings at the Asylum exceeds the cost of the hospital by \$100,776 54. The invested capital of the institution, is \$110,056 72. The income of the institution is derived from the following sources, viz., the annual profits of its invested capital; a right to one-third of the yearly profits of the Hospital Life Insurance Company; the board of its patients, and annual subscriptions for free beds at the hospital.

A Generous Gift.—A donation of \$1000, which was made rather more than a year ago by Dr. J. C. Warren, of Boston, with the design of having the annual interest of this sum applied to the purchase of books for the use and benefit of the patients at the Massachusetts General Hospital, has been safely invested, and a committee appointed to select and procure such books as will be likely to carry out the benevolent intentions of the donor. The committee hope that this donation of Dr. Warren, will eventually lead to the forming of a suitable and well-selected library at the hospital. For it must be obvious to every reflecting mind, that seasons of bodily infirmity and sickness present peculiarly favorable opportunities for making

useful impressions upon the character, and for affording Christian comfort and consolation, through the use of books; and it would seem that the patients were not the recipients of all the good which might be conferred upon them whilst under medical care, so long as they remain without a library.

Jefferson Medical College.—From the new catalogue several interesting facts in regard to the prosperity of the institution have been gleaned. The course of medical lectures, which closed on the last day of February, was attended by 229 students. It is a singular feature in this catalogue, that there are in it the names of 44 persons who have received the degree of M.D. This is flattering to the faculty of the college, who draw even upon the ranks of active practitioners, in many instances, so highly are the lectures estimated.

On the 10th of March last, this school graduated 59, and conferred an honorary degree of doctor in medicine on Dr. Joseph Frazer, of Darlington, Penn., and Dr. John Cooper, of Poughkeepsie, N. Y.

Medical Society of the State of New York.—On the 7th of February, the Society convened at the capitol, in the city of Albany, and elected the following officers for the ensuing year.

Dr. Samuel White, of Hudson, *President*; Dr. Joel A. Wing, *Vice President*; Dr. Peter Van Olinda, *Secretary*; Dr. Platt Williams, *Treasurer*.

Censors Southern District.—Drs. James R. Wanley, Edward G. Ludlow, John G. Morgan.

Censors Eastern District.—Drs. Jonathan Eights, Peter Wendell, Barent P. Staats.

Censors Middle District.—Drs. John McCall, Arba Blair, Ariel Spoford.

Censors Western District.—Drs. Alexander Thompson, Harman Van Duser, Maltby Strong.

Permanent Members.—Drs. Lester Green, of Herkimer; E. B. Burroughs, of Madison.

Honorary Members.—Drs. Enoch Hale, of Boston; Wm. Parker, of New York.

Committee of Correspondence.—Drs. Chandler R. Gilman, 1st Senate district; A. G. Benedict, 2d do.; Chas. S. J. Goodrich, 3d do.; Daniel Ayres, 4th do.; Reuben Goodale, 5th do.; Wm. D. Purple, 6th do.; George W. Bradford, 7th do.; Odin Benedict, 8th do.

Committee of Publication.—Drs. T. Romeyn Beck, Joel A. Wing, James McNaughton.

Committee on Prize Questions.—Drs. James McNaughton, T. Romeyn Beck, Jonathan Eights.

Willoughby University.—The annual circular and catalogue of the medical department of this institution, presents a favorable aspect of affairs. There were 71 students attending the late lecture term. Fifteen gentlemen were graduated with the degree of doctor in medicine at the session of 1841 and 2.

Four practitioners, viz., James P. Henderson, Richland co., O.; S. Axtell, Mercer co., Pa.; G. W. Card, Lake co., O.; D. Upson, Summit co., O., received the honorary degree of M.D.

Faculty of the Louisville Medical Institute.—A pamphlet of twenty pages, double columns, in small type, has come to our address, having for its title, "*Some Account of the Faculty of the Louisville Medical Institute, supplementary to an anonymous pamphlet, by the same, entitled Some Account of the Institute.*" That it is cowardly to attack a respectable body of men anonymously, will be admitted, even by those who may envy the faculty of the Institute as much as the author of this cut-and-thrust pamphlet. Abominable as we hold the act to be, it is very likely that there is some truth in the charges; but it is inexcusable for one man to attack another in this mean and disreputable manner. If the faculty are positively a combination of rascals, deserving neither the protection of law, nor the countenance of honest men, it is strange that the civil authorities of Louisville should have tolerated their presence so long.

A simple examination of the pro and con arguments by the friends and foes of the institution, renders it certain that two parties are organized in Louisville, which hate each other most cordially. There have been provoking causes for this state of things. One of the faculty is reputed to be distinguished for his luck at making enemies for himself, personally, and every interest with which he may happen to be associated. How any one can live on good terms with another one of the same Board is surprising, if it is true that he is as overbearing, dogmatical, and insufferably vain, as he has appeared to an unprejudiced spectator in New England. Yet if a hundred books were written with the avowed object of proving that this same medical faculty was incompetent to discharge the duties of their several chairs, we should not believe them. Being learned, and being polished in manners, are different things. One may be a thorough scholar in a particular department of science, and yet be an offensive, ill-bred, in tolerable bore.

Such dastardly thrusts, however, as the maker of this pamphlet aims at their vitals, will never effect any changes for the better. We are offended with him for abusing the English grammar of our friend Dr. Gross. Should the professor be roasted over a smelting furnace for not dotting an *i*, or forgetting to cross a *t*? It was a spirit of little criticism that prompted Mr. Anonymous thus to abuse his superior. It is a mosquito stinging an elephant. Dr. Caldwell will bear long shots. Pomposity like his is bullet proof. Dr. Cobb is exceedingly amiable, and is therefore let off with only a few stripes. All the rest are pelted in a mass in some parts of the pamphlet.

Our own individual opinion upon the subject is, that some one or two disappointed, ambitious, intriguing, second-rate medical men of Louisville, are expecting to raise themselves to distinction by overthrowing the present faculty. They are making both tools and fools of a clique of equally ambitious, envious spirits, for carrying on the details of the project. Like the fox in the well, the leaders will avail themselves of the first opportunity to stand upon their back and leap out—and a fig for those left at the bottom!

Mortality.—Dr. Ayres reports the mortality in the first Ecclesiastical Society of Stamford, within the last year, embracing a population of about 3000 inhabitants, as follows:

Whole number of deaths, 53; of whom 17 were males, and 20 females, over the age of 10 years—showing a greater mortality than has occurred in any one year for the last half century.

Died, in January, 7; February, 5; March, 9; April, 5; May, 7; June, 5; July, 2; August, 2; September, 4; October, 2; November, 2; December, 2.

Of these, 4 died between 90 and 100 years; 3 between 80 and 90; 10 between 70 and 80; 6 between 60 and 70; 4 between 50 and 60; 2 between 40 and 50; 5 between 30 and 40; 2 between 20 and 30; 1 between 10 and 20; 17 under 10.

Diseases. Of consumption, 16; lung fever, 4; scarlet fever, 8; bilious remittent fever, 1; puerperal fever, 1; puerperal convulsions, 1; dropsy, 1; dropsy in the head, 1; dropsy in the heart, 1; palsy, 2; cholera infantum, 2; rheumatism, 1; delirium tremens, 1; bilious colic, 2; apoplexy, 1; hives, 1; inflammation in the bowels, 1; accident, 1; suicide, 1; debility and old age, 4.

Harvard University—Massachusetts Medical College.—At a stated meeting, held on the 2d March, and continued by adjournment to, and on the 6th, the following candidates for the degree of Doctor in Medicine were examined and approved by the Medical Faculty for said degree:

Henry Arey, *Aneurism*; Samuel Wiswell Butler, *Hernia*; William Wild Codman, *Dental Surgery*; Henry Cowles, *Cardiac Disease*; Charles Monro Dickenson, *Dislocations*; Ezra Wood Fletcher, Jr., A.M., *Spasmodic Asthma*; Edward Hall, *Catarrhus Æstivus*; George Hayward, Jr., A.M., *Hip-joint Disease*; Kimball Hill, *Disease and its Treatment*; Frederick Howard, A.B., *Erysipelas*; Othello Otis Johnson, *Disease and its Treatment*; Cyrus Sweetzer Mann, *Bronchitis*; Francis Miller M'Lellan, A.M., *Erysipelas*; George Mason Morse, *Hernia*; Horatio Gilead Morse, A.B., *Lateral Curvature of the Spine*; Fitz Edward Oliver, A.M., *Iodine*; Joseph Stevens Jones, *Irritation*; Stephen Bailey Sewall, *Chorea*; John Spence, Jr., A.M., *Scorbutus*.

WALTER CHANNING,
Dean of the Faculty of Medicine.

Columbia College, Washington.—At the recent annual Commencement of the Medical College in the city of Washington, the following-named young gentlemen received diplomas, for the Degree of Doctor in Medicine:—John E. Bishop, of Batavia, N. Y.; George N. Thomson, of Boston, Mass.; C. T. Berry, of N. H.; Samuel S. Pruden, of Connecticut; Joseph Walsh, of Richmond, Va.; C. F. Willet, of Rockville, Md.; J. Miller Bell, of Culpepper county, Va.; and Miller Pratt, of the District of Columbia.

T.

Wounds by the Dissecting Knife.—Within a few weeks, two highly-esteemed physicians, in the neighborhood of Boston, have lost their lives, it is reported, from poison imbibed in the examination of bodies, through some slight scalpel or needle wound on a finger. It is also currently reported that Dr. Hayward, one of the surgeons of the Massachusetts General Hospital, has recently suffered alarmingly from the same cause. In other places, likewise, fatal effects have been produced from the same apparently slight cause. By turning to the third volume of the American Medical Almanac, a paper may be found, written by Dr. Lane, that is worth consulting by those who are prosecuting dissections. Punctures

made under such circumstances should not be neglected a single moment. Some organs of the human body, when in a certain stage of decomposition, seem to be amongst the most active poisons when introduced into the system through the absorbents.

Medical Miscellany.—Dr. Reese's edition of Cooper's great dictionary of surgery, an important work to American surgeons, will be noticed next week—a copy never having reached us till within a few days.—The Select Medical Library and Bulletin of Medical Science, edited by John Bell, M.D., of Philadelphia, is published by Messrs. Barrington & Haswell. The Library for January comprises Pilcher on the Ear.—Dr. Sweetser has a new work out at New York, on Mental Hygiene. No copies here.—Diet and Food, by Dr. P. Pereira, with notes by Dr. C. A. Lee, of New York, is published also. No copies in Boston.—Dr. Thompson's Conspectus of the Pharmacopœias, from the 13th London edition, revised by Dr. Lee, is also from the press. None in New England.

TO CORRESPONDENTS.—The communications of "Southron" and of "S." will be inserted next week. Dr. Ferguson's paper has also been received, and will be attended to.

DIED.—In this city on Wednesday last, of consumption, Dr. Charles T. Hildreth, 45. A highly respectable practitioner and a worthy man.—On the 24th ult., in Lancaster county, Penn., Dr. J. W. Miller, in the 28th year of his age.—On the Island of Madeira, where he had gone for the benefit of his health, Dr. Clement K. Sewall, son of the Hon. Charles S. Sewall, of Hartford county, Md.—In Hartford, Conn., on the 4th inst., Dr. James Beresford, late Surgeon to the British forces, aged 60.—At Baltimore, Dr. Ambrose Kellogg, a native of Charlestown, N. H., 43.

MARRIED.—At Bergen, N. J., Matthias D. Potter, M.D., to Miss Harriet A. Hedden.

Number of deaths in Boston, for the week ending March 11, 35.—Males, 14; Females, 21. Stillborn, 2.—Of consumption, 6—fits, 1—tumor, 1—ulcers on the lungs, 1—cancer of the uterus, 1—bowel complaint, 1—inflammation of the lungs, 1—lung fever, 2—scarlet fever, 1—old age, 2—pleurisy fever, 2—disease of the heart, 2—erysipelas, 1—croup, 1—quinsey, 1—congestion of the heart, 1—smallpox, 3—canker, 1—paralytic, 1—disease of the lungs, 1—dropsy on the brain, 1—marasmus, 1—drowned, 1.—Under 5 years, 14—between 5 and 20 years, 2—between 20 and 60 years, 17—over 60 years, 2.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

Feb.	Thermom.	Barometer.	Wind.	Feb.	Thermom.	Barometer.	Wind.
1	from 34 to 37	from 28.65 to 28.90	S	15	from 10 to 21	from 28.80 to 28.96	N
2	8 14	29.00 29.35	SW	16	6 16	29.16 29.40	W
3	5 26	29.60 29.64	SW	17	-4 16	29.50 29.57	S
4	14 36	29.62 29.65	S	18	3 17	29.57 29.67	W
5	18 24	28.85 29.50	N	19	14 21	29.40 29.67	N
6	18 24	28.40 29.51	SW	20	30 34	29.03 29.56	NW
7	8 12	28.92 29.06	W	21	18 26	28.90 29.95	NW
8	10 16	29.39 29.43	W	22	18 31	28.88 29.68	SW
9	6 16	29.60 29.70	NW	23	9 16	29.10 29.30	NW
10	-4 20	29.85 29.90	NW	24	9 23	29.17 29.22	NW
11	35 42	28.99 29.20	S	25	5 30	29.13 29.18	NW
12	20 27	29.27 29.40	NW	26	26 33	29.15 29.27	NW
13	18 21	29.60 29.60	W	27	22 28	29.16 29.30	N
14	12 16	29.47 29.63	N	28	16 34	29.47 29.52	NW

February has been a cold month. Snow has been abundant and sleighing excellent. The thermometer has been at or below zero 4 mornings, and one morning 3 and another 7 below. The range has been between 8 below and 42 above—just 50 degrees. Barometer has ranged from 28.40 to 29.90. Inches of rain fallen, 4.45.

Prevention of Syphilis and Cutaneous Diseases in the French Army.—A measure has been recently adopted for this purpose. Hitherto every venereal soldier on leaving the hospital was punished by a month's arrest of pay (*consigne*). The consequence was that the soldiers concealed the disease as long as possible, and resorted to quacks to be treated: bad cases therefore often occurred, and the cures were long and expensive. The punishment is now abolished for soldiers who voluntarily confess their disease on the appearance of the first symptoms of syphilis or itch; but they are still amenable to it if the appearance of primary symptoms has existed more than four days, and it is so distinct that they could not have mistaken it. Another new arrangement admits soldiers who have been absent on a week's leave or more, or who belong to the reserve, and are attacked by venereal diseases or the itch, to be treated at the expense of the state in the civil or military hospitals, provided they present themselves at the commencement of the affection.—*Bulletin Générale de Thérapeutique*.

Effects of a Solar Eclipse on Animals.—In his report on the eclipse of July 8th, M. Arago mentions in support of a popular notion which he had always disbelieved, that a friend of his put five healthy and lively linnets in a cage together, and fed them immediately before the eclipse. At the end of it three of them were found dead. Other indications of the alarm it produced were seen in a dog which had been long kept fasting, and which was eating hungrily when the eclipse commenced, but left his food as soon as the darkness set in. A colony of ants which had been working actively, suddenly ceased from their labors at the same moment.—*Gazette Médicale*.

New Charpie.—The French Acad. des Sciences was lately presented with a specimen of charpie manufactured by a new process, and which it is supposed will possess an advantage over that now in use, by its greater purity. The thread is successively submitted to the action of acid, chlorine, alkaline, and caustic alkaline solutions, before being washed in pure water, and dried, beaten, cut, and carded.—*Lon. Lancet*.

The Salts of Quinia.—Prince Lucien Bonaparte has been making further researches on these medicinal agents. We have already once alluded to his experiments. He now recommends the employment in practice of both the lactate and valerianate of quinia in preference to sulphate, the latter not producing those functional derangements in the nervous system which the sulphate sometimes causes; and the former on account both of its greater solubility and more energetic action. The fact, established by various physicians in the Roman Maremme, that quinia alone, or its hydrate, is more efficacious as a remedy for intermittents than the sulphate, the prince considers due to its being converted into a lactate by the lactic acid of the gastric juice. This opportunity may be taken to mention (see *Gaz. des Hôpitaux*) that attempts have been made to combine quinia with ferrocyanic acid, and a substance entitled *hydro-ferrocyanate of quinine* has crept into pretty extensive use among French practitioners. But M. Pelouze has ascertained that this substance is in reality nothing more than quinine mechanically mixed with a little Prussian blue, the consequences of spontaneous decomposition of the acid.—*Ibid*.